

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

**RECEIVED**

SEP 10 2013

**TRANS DEPT**

*Posted 9-20-13  
@ 10:20 am - 18*

**BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA**

246365

**TRANSPORTATION COVER SHEET**

**DOCKET  
NUMBER:** 2013 - 354 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

**Submitted by:** Travis Dogan

**Telephone:** (864) 800-2796

**Address:** 217 E. Stone Ave Suite 12  
Greenville, SC 29609

**Fax:** (864) 569-0173

**Other:** \_\_\_\_\_

**Email:** providedcare@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

**NATURE OF ACTION (Check all that apply)**

☐ Application - Class A/A Restricted

☐ Application - Class C Taxi

☐ Application - Class C Charter

☐ Application - Class C Charter Bus

☒ Application - Class C Non-Emergency

☐ Application - Class C Stretcher Van

☐ Application - Class E Household Goods

☐ Application - Class E Hazardous Waste

☐ Application

☐ Request for Extension to Comply with Order

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Request for Cancellation of Certificate

☐ Request for Suspension

☐ Request for Reinstatement

☐ Request for Name Change on Certificate

☐ Request to Amend Scope of Authority

☐ Request to Amend Tariff (rate increase, etc.)

☐ Request to Amend Passenger Limit

☐ Request

☐ Exhibit

☐ Late-Filed Exhibit

☐ Letter

☐ Proposed Order

☐ Publisher's Affidavit

☐ Reservation Letter

☐ Response

☐ Return to Petition

☐ Other: \_\_\_\_\_

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**SEP 20 2013**  
**PSC SC**  
**CLERK'S OFFICE**

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

*gbs*

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

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AUG 28 2013

Date: 7/31/2013

TRANS DEPT

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Provided Care Transportation Services, LLC.

217 E. Stone Ave Suite 12 Greenville, SC 29609

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

(864) 200-2796

Phone

(864) 569-0173

Fax

provided care@gmail.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship  
☐ Partnership - List names and address of all person having an interest in the business.  
☐ Corporation - List names and addresses of two principal officers.

Travis Dogan

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

## BALANCE SHEET

Balance at Time Application is Filed:

Month 8 Year 2013

**Assets:**

Cash	10,000
Receivables	0
Real Estate	0
Buildings and Equipment (Net)	0
Motor Vehicles (Net)	5,000
Garage Equipment (Net)	0
Machinery and Tools (Net)	0
Supplies on Hand	0
Prepays and Other Assets	0
<b>Total Assets *</b>	<b>15,000</b>

**Liabilities and Equity:**

Accounts Payable	0
Notes Payable	0
Mortgages Payable	0
Equipment Obligations	0
Accrued Salaries and Wages	0
Other Accrued Obligations	0
Other Liabilities	0
<b>Total Liabilities</b>	<b>0</b>
Capital Stock	0
Retained Earnings	0
<b>Total Equity</b>	<b>0</b>
<b>Total Liabilities and Equity *</b>	<b>0</b>

\* Total Assets = Total Liabilities and Equity

**PROPOSED RATES AND CHARGES FOR SERVICE**

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

\$ 26.00 per trip  
Over 100 miles 1.30 per mile

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**TRANS DEPT**

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.  
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |   |  |  |   |   |
|---|--|--|---|---|
| <input checked="" type="checkbox"/> Abbeville | <input checked="" type="checkbox"/> Cherokee | <input type="checkbox"/> Florence              | <input type="checkbox"/> Lee                | <input type="checkbox"/> Saluda                 |
| <input type="checkbox"/> Aiken                | <input type="checkbox"/> Chester             | <input type="checkbox"/> Georgetown            | <input type="checkbox"/> Lexington          | <input checked="" type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale            | <input type="checkbox"/> Chesterfield        | <input checked="" type="checkbox"/> Greenville | <input type="checkbox"/> Marion             | <input type="checkbox"/> Sumter                 |
| <input checked="" type="checkbox"/> Anderson  | <input type="checkbox"/> Clarendon           | <input type="checkbox"/> Greenwood             | <input type="checkbox"/> Marlboro           | <input type="checkbox"/> Union                  |
| <input type="checkbox"/> Bamberg              | <input type="checkbox"/> Colleton            | <input type="checkbox"/> Hampton               | <input type="checkbox"/> McCormick          | <input type="checkbox"/> Williamsburg           |
| <input type="checkbox"/> Barnwell             | <input type="checkbox"/> Darlington          | <input type="checkbox"/> Horry                 | <input type="checkbox"/> Newberry           | <input type="checkbox"/> York                   |
| <input type="checkbox"/> Beaufort             | <input type="checkbox"/> Dillon              | <input type="checkbox"/> Jasper                | <input checked="" type="checkbox"/> Oconee  |   |
| <input type="checkbox"/> Berkeley             | <input type="checkbox"/> Dorchester          | <input type="checkbox"/> Kershaw               | <input type="checkbox"/> Orangeburg         | <input type="checkbox"/> Statewide              |
| <input type="checkbox"/> Calhoun              | <input type="checkbox"/> Edgefield           | <input type="checkbox"/> Lancaster             | <input checked="" type="checkbox"/> Pickens |   |
| <input type="checkbox"/> Charleston           | <input type="checkbox"/> Fairfield           | <input checked="" type="checkbox"/> Laurens    | <input type="checkbox"/> Richland           |   |

**DESCRIPTION OF EQUIPMENT**

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☒ 1-7 Passengers, including driver  
☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT
dodge	2002 Caravan	1B4GP4432AB635174		NO

## INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies without request. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Travis Dogan  
Name of Applicant

217 E. Stone Ave Suite 12 Greenville, SC 29609  
Address of Applicant

**Amount of Premium:**

Liability Insurance \$ \_\_\_\_\_

The above quoted premium is for a term of \_\_\_\_\_ months.

**Minimum Limits** - Bodily injury and property damage limits will not be less than the following:

*Del Attached*  
Limits Quoted

Liability Combined Each Occurrence	\$ 1,000,000	
Medical Payments per Person	\$ 1,000	

Insurance Market  
Name of Insurance Company

\_\_\_\_\_  
Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Insurance Company Representative's Signature

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

7/31/13

"Commercial Livery/Transportation Quote" - providedcare@gmail.com - Gmail

[+You](#) [Search](#) [Images](#) [Maps](#) [Play](#) [YouTube](#) [News](#) [Drive](#) [Calendar](#) [More](#)

Google

info@ins-market.com

Move to Inbox

More

**Inbox (3,148)**

Starred

Important

Sent Mail

Drafts (13)

[imap]/Sent

[imap]/Trash (4)

Deleted Items (1)

Search people...

Matthew Anthony

alanb

andrew

Ashley Holcombe

Debora D Carter

Falon Latimore

Gail Stokes

Keyla Phillips

Nick Yaworsky

All quotes are subject to formal underwriting prior to issuing any bindable quote.

This is for information purposes only.

Feel free to utilize the quote for your state or federal applications.

Please let me know if you would like to move forward.

I attached the new business commercial insurance form to complete and n if you do.

If you set up an LLC, please return it with your Articles and TIN documents well.

*Thank you,*

**Nick Yaworsky**

**President and Agency Owner**

# INSURANCE

7/31/13

Gmail - \*Commercial Livery/Transportation Quote\*

Gmail

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**\*Commercial Livery/Transportation Quote\***

Nick Yaworsky &lt;info@ins-market.com&gt;

Fri, Jun 28, 2013 at 12:22 PM

To: sinita fowler &lt;providedcare@gmail.com&gt;

Sinita,

Here is an initial insurance indication quote for the commercial livery/transportation company based on a new operation

with one vehicle, one owner-employee and no staff.

**General Liability including sexual abuse/molestation/Professional Liability**

**Underwriters at Lloyds**  
**1200                      \*Annually**

**\$1000-****Commercial Auto**

**Scottsdale Insurance:**  
**\$2,200                      \*Annually**

**\$1800-****Workers Compensation**

**NCCI-Assigned Risk:**  
**\$1230                      \*Annually**

This quote is not bindable.

All quotes are subject to formal underwriting prior to issuing any bindable quote.

This is for information purposes only.

Feel free to utilize the quote for your state or federal applications.

<https://mail.google.com/mail/u/0/?ui=2&ik=ad442dfe3&view=pt&q=info%40ins-market.com&qe=true&search=query&th=13f8b9761e4e850e>

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7/31/13

Email - "Commercial Livery/Transportation Quote"

Please let me know if you would like to move forward.

I attached the new business commercial insurance form to complete and return if you do.

If you are not a U.S. citizen, please submit it with your Articles and TIN documents as well.

**Thank you,**

**Nick Yaworsky**

**President and Agency Owner**

# INSURANCE

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**Office:** 3453 Pelham Road, Suite #105 Greenville, SC 29615

**Mailing:** 3620 Pelham Road, Locked Box 328, Greenville, SC 29615-5044

**Cell:** (864) 704-4641

**Office:** (864) 438-0557

**Fax:** (864) 751-6333

**Toll Free: (877)-679-0008**

**Click here to visit our website**

**Click here for an instant SC Health Quote**

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\*\*\*\*\* CONFIDENTIALITY NOTICE \*\*\*\*\*

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➤ FORMS.IM.NEW BUSINESS MASTER FILL IN.2013.pdf  
548K

7/31/13

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548K

Exhibit Fit, Willing, and Able (FWA)Travis Dogan

Name

U.S.D.O.T No.

ILL NO.

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

**Exhibit on Driver Qualifications**

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes☐ No


6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

  
Applicant's Signature  
Owner  
Title of Applicant (e.g. President, Owner, etc.)


STATE OF SOUTH CAROLINA )  
COUNTY OF Columbia )

**RECEIVED**

SEP 20 2013

TRANS DEPT

SWORN TO BEFORE ME  
This 15<sup>th</sup> day of August, 2013

  
Notary Public

Commission Expires August 28, 2016

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

PROVIDED CARE TRANSPORTATION SERVICES, LLC., A Limited Liability Company duly organized under the laws of the State of South Carolina on August 15th, 2013, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
21st day of August, 2013

*Mark Hammond*  
Mark Hammond, Secretary of State